

**DEPARTMENT OF CHILDREN AND
FAMILY SERVICES
GRIEVANCE DISMISSAL FORM**

NAME OF GRIEVANT	
DATE GRIEVANCE FILED (MM/DD/YY)	
DIVISION/LOCATION	
<p>Your grievance is being summarily dismissed on the following grounds:</p> <p><input type="checkbox"/> Grievance was not made in the required manner (according to DCFS policy).</p> <p><input type="checkbox"/> Grievance was not made within the prescribed time period for filing.</p> <p><input type="checkbox"/> You failed to appear at the time and place fixed for grievance hearing or meeting.</p> <p><input type="checkbox"/> You withdrew/abandoned your request for grievance consideration.</p> <p><input type="checkbox"/> You failed to present evidence or clearly state that DCFS policy and procedures or Civil Service rules governing promotion were violated or your grievance has been deemed frivolous or being used to impede the efficient operation of the Department.</p> <p><input type="checkbox"/> Subject matter is under the jurisdiction of:</p> <div style="margin-left: 40px;"> <input type="checkbox"/> DCFS Civil Rights Bureau <input type="checkbox"/> Equal Employment Opportunity Commission <input type="checkbox"/> Department of Civil Service/Civil Service Commission <input type="checkbox"/> Another DCFS Division </div> <p><input type="checkbox"/> Remedy requested cannot be granted or a decision on the grievance would be ineffective or moot.</p>	
OTHER COMMENTS	
<p>(For further comments attach additional sheets)</p>	
RESPONDENT'S NAME (Please print)	
RESPONDENT'S SIGNATURE	
DATE (MM/DD/YY)	
DIVISION/LOCATION	